



For the
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Californians

Policy and Action Items

November 20, 2025 Board Meeting

Proposed Emergency Eligibility and Enrollment Regulations

Bahara Hosseini
Office of Legal Affairs



BACKGROUND

- ❑ Covered California was granted emergency rulemaking authority by the Legislature through January 1, 2030.
- ❑ Covered California proposes using the emergency rulemaking process to update its eligibility and enrollment regulations for the individual Exchange, ensuring alignment with recent federal changes, including CMS's Marketplace Integrity and Affordability Final Rule, the recent court decision temporarily blocking some of the rule's provisions (*City of Columbus v. Kennedy*), H.R. 1, and the 2026 Notice of Benefit and Payment Parameters.
- ❑ These regulations are the result of ongoing collaboration and consultation with the California Departments of Social Services, Health Care Services, Managed Health Care, and Insurance, as well as consumer advocates, qualified health plan (QHP) issuers, and other stakeholders.

OVERVIEW OF CHANGES

- ❑ **Lawfully Present eligibility:** Revise the referenced federal regulation to reflect the exclusion of Deferred Action for Childhood Arrivals (DACA) recipients from “Lawfully Present” status as of August 25, 2025, per the Marketplace Integrity and Affordability Final Rule. (Implemented August 31, 2025)
- ❑ **Advanced premium tax credits (APTC) eligibility and failure-to-reconcile (FTR) process:**
 - Clarify that the APTC eligibility for lawfully present individuals under 100% FPL who are ineligible for Medi-Cal due to their immigration status ends on December 31, 2025, per H.R. 1.
 - Remove the FTR process and its notice requirements, per the *City of Columbus v. Kennedy* decision blocking enforcement of this process. (Implemented September 6, 2025)

OVERVIEW OF CHANGES, CONT.

- ❑ **Inconsistency process:** Remove the automatic 60-day extension of the reasonable opportunity period for individuals with income inconsistencies to submit documentation or resolve the issue, per the Marketplace Integrity and Affordability Final Rule. (Implemented August 31, 2025)
- ❑ **Special Enrollment Period:** Remove the low-income (at or below 150% FPL) SEP, per the Marketplace Integrity and Affordability Final Rule. (Implemented August 31, 2025)
- ❑ **Appeals process:** Revise the general eligibility appeals requirements to add an “application filer” to the list of individuals who have the right to appeal, per the 2026 Notice of Benefit and Payment Parameters. (Implemented)

NEXT STEPS

- ❑ Government Code section 100504(a)(6) requires the Board to discuss proposed regulations at a properly noticed meeting before adopting them.
 - The Board discussed the proposed regulations at the September 18, 2025 Board meeting.
- ❑ Covered California now requests the Board to formally adopt this regulation package so it can be filed with the Office of Administrative Law (OAL).
 - Covered California will issue an advanced notice 5 working days before filing the regulation package with the OAL.
 - Following the submission to OAL, a public comment period will commence for the first 5 days after submission. This period allows the public to submit comments on the proposed regulations directly to OAL.

PUBLIC COMMENT

CALL: (877) 336-4440

PARTICIPANT CODE: 6981308

- ❑ To request to make a comment, press 10; you will hear a tone indicating you are in the queue for comment. Please wait until the operator has introduced you before you make your comments.
- ❑ If watching via the live webcast, please mute your computer to eliminate audio feedback while calling in. Note, there is a delay in the webcast.
- ❑ The call-in instructions can also be found on page two of the Agenda.

EACH CALLER WILL BE LIMITED TO TWO MINUTES PER AGENDA ITEM

Written comments may be submitted to BoardComments@covered.ca.gov.



Proposed Permanent Covered California for Small Business Regulations

Robert Kingston, Director
Outreach and Sales Division



BACKGROUND

- ❑ Covered California seeks approval on updates to its Covered California for Small Business (CCSB) regulations. The purpose of these modifications is to streamline the verification process and clarify minimum participation requirements for CCSB.
- ❑ Staff initiated a 45-day public comment period from September 5 to October 20, during which no public comments were received.

OVERVIEW OF CHANGES

The specific changes to the regulations are:

- ❑ **Verification Process:** Small businesses with three or more employees who were previously insured outside of CCSB can now use proof of prior coverage along with a Form DE-9C or payroll records to confirm their eligibility for SHOP coverage. This process, which was previously handled on a case-by-case basis, is now standardized.
- ❑ **Minimum Participation Requirements:** When calculating minimum participation, employees who choose not to enroll because they have other qualifying health insurance will now be counted along with those who do enroll. This update ensures consistency with federal regulations and current practices.

NEXT STEPS

- ❑ Government Code section 100504(a)(6) requires the Board to discuss proposed regulations at a properly noticed meeting before adopting them.
- ❑ The Board discussed the proposed regulations at the August 21, 2025 Board meeting.
- ❑ Staff requests the Board to formally adopt the regulation package so it can be filed with the Office of Administrative Law.

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Quality Rating System Ratings for Plan Year 2026

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Chief Deputy Executive Director
Health Equity and Quality Transformation (EQT)



QUALITY RATING SYSTEM OVERVIEW

The Quality Rating System (QRS) is comprised of the following elements:

- ❑ Four ratings are reported for the Ratings Year 2025: a global quality rating and three summary indicator ratings.
- ❑ The global quality rating is a roll-up of three summary indicators per the following differential weighting:

Summary Indicators	Weights
Getting the Right Care (HEDIS)	66.7%
Members' Care Experience (CAHPS)	16.7%
Plan Services for Members (HEDIS and CAHPS)	16.7%

- ❑ One to five-star performance classification for each rating based on the static cut points method.
- ❑ The Plan Year 2026 ratings, reflecting clinical care and member experience in Measurement Year 2024, are displayed on CoveredCA.com starting on October 2025.

PY 2025 QRS RATINGS AND SUMMARY INDICATORS OVERVIEW

Global Ratings:

- ❑ Sharp and Kaiser have consistently maintained their Global Ratings of 4 and 5 Stars, respectively, for four years in a row.
- ❑ Eight QHPs have held steady with ratings of 3 Stars.
- ❑ One contracted QHP earned a Global Rating, following a previous “No Quality Rating” due to insufficient data.

Getting the Right Care:

- ❑ Sharp and Kaiser consistently rated at 4 and 5 Stars, respectively, for this indicator since 2017.
- ❑ Nine QHPs did not have a change in rating for this summary indicator.
- ❑ One QHP achieved a significant milestone, elevating its rating to 3 Stars after consistently maintaining a two-star rating.
- ❑ One QHP previously rated a “No Quality Rating” due to insufficient data earned a 3-Star Rating.

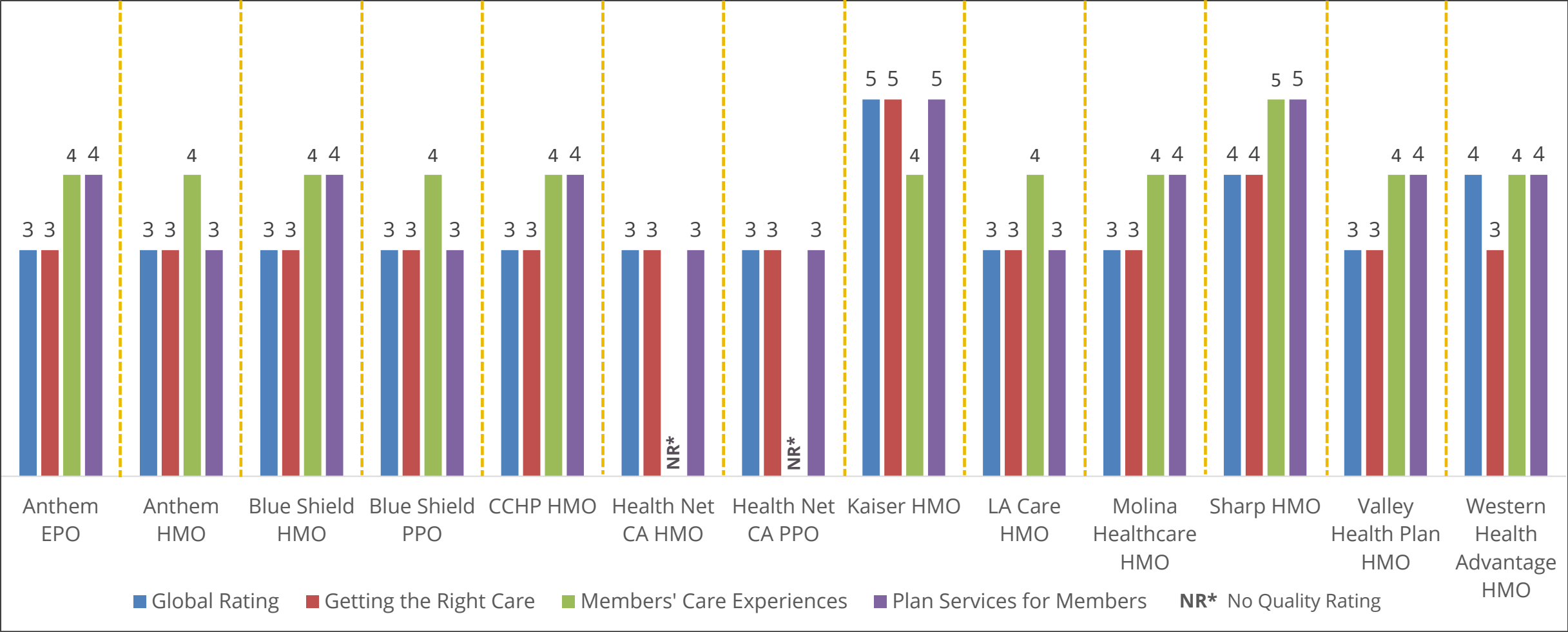
Members’ Care Experience:

- ❑ Three QHPs’ ratings decreased to 4 stars, while two previously unrated QHPs achieved 4-star ratings.
- ❑ Five QHPs maintained 4- or 5-star ratings, while two QHPs lacked sufficient data and were not rated for a fourth consecutive year.

Plan Services for Members:

- ❑ Nine QHPs retained current ratings, while four QHPs saw a one star drop, falling from five to four or four to three stars.

PY2026 QRS GLOBAL & SUMMARY INDICATOR RATINGS



*NR- No quality rating means the issuer lacked sufficient data for a QRS score.

Policy Removal From The Exchange ("25/2/2")



MAKING QUALITY COUNT: CONTRACT PROVISIONS ON QUALITY

For existing carriers: “25/2/2” allows for selective contracting and removal from marketplace for consistent poor performance on quality measures.



**Establish a Floor
&
Aim High**

Quality Transformation Initiative: assesses quality improvement payments up to 66th percentile national performance.

2023-2025 REMOVAL FROM THE EXCHANGE “25/2/2” POLICY AND METHODOLOGY

Assessment Structure	Composite measure score on QRS Clinical Quality Management Summary Indicator measures compared to MY 2018 25th percentile individualized composite benchmark for each product. ❑ Monitoring Period: If an issuer has one or more products that falls below the 25th percentile individualized composite benchmark for its product-reportable subset of the QRS Clinical Quality Management Summary Indicator measures for two consecutive years. ❑ Remediation Period: The product is required to meet or exceed the 25th percentile individualized composite benchmark within the following two years, or it will not be certified for the Plan Year following the performance assessment of the last year of the remediation period. ❑ Removal from Exchange: If the product does not perform above the 25th percentile individualized composite benchmark for four consecutive years.
25 th Percentile Benchmark	Covered California uses the 25th percentile score for each of the QRS Clinical Quality Management Summary Indicator measures from the QRS national percentile data. An unweighted average of these scores is computed to establish the 25th percentile composite benchmark excluding Non-Reportable (NR) scores and measures without a 2018 benchmark.
Annual Assessment	If the issuer product meets the CMS eligibility criteria to report QRS measures scores, it will be assessed for this 25/2/2 program as early as Measurement Year 2021. Product performance will be assessed annually.

MY 2024 INDIVIDUAL MEASURE & COMPOSITE RESULTS

MY 2024 25/2/2 Assessment

Identifier	Measure Acronym	QRS Clinical Quality Management Summary Indicator Measures	MY 2018 25th Percentile	Anthem EPO	Anthem HMO	Blue Shield HMO	Blue Shield PPO	Chinese Community HMO	Health Net HMO	Health Net PPO	Kaiser HMO	L.A. Care HMO	Molina HMO	Sharp HMO	Valley HMO	Western HMO
MY 2018 Individualized Composite Benchmark			0.560	0.560	0.566	0.566	0.566	0.573	0.566	0.566	0.566	0.560	0.558	0.566	0.558	0.552
MY 2024 Composite Score				0.616	0.614	0.656	0.647	0.620	0.666	0.605	0.795	0.637	0.656	0.705	0.646	0.666
S1D1C2M2	AMM	Antidepressant Medication Management	0.588	0.601	0.600	0.584	0.599	NR	0.630	0.612	0.746	0.641	0.600	0.741	0.631	0.650
S1D3C6M17	CCS	Cervical Cancer Screening	0.481	0.582	0.509	0.638	0.686	0.572	0.667	0.569	0.752	0.545	0.516	0.718	0.509	0.598
S1D1C3M6	CBP	Controlling Blood Pressure	0.538	0.664	0.630	0.708	0.676	0.530	0.703	0.620	0.801	0.680	0.713	0.754	0.608	0.684
S1D1C3M7	PDC	Proportion of Days Covered (RAS Antagonists)	0.729	0.701	0.686	0.725	0.734	0.806	0.755	0.704	0.804	0.767	0.748	0.821	0.753	0.798
S1D1C3M8	PDC	Proportion of Days Covered (Statins)	0.681	0.669	0.621	0.661	0.676	0.619	0.700	0.683	0.861	0.701	0.671	0.792	0.664	0.735
S1D1C4M13	PDC	Proportion of Days Covered (Diabetes All Class)	0.678	0.709	0.698	0.729	0.700	0.832	0.791	0.743	0.767	0.750	0.743	0.828	0.778	0.759
S1D1C4M9	EED	Comprehensive Diabetes Care: Eye Exam (Retinal) Performed	0.406	0.389	0.460	0.550	0.479	0.446	0.535	0.367	0.774	0.599	0.533	0.647	0.467	0.484
S1D3C7M19	PPC	Prenatal and Postpartum Care: Postpartum Care	0.658	0.798	0.805	0.875	0.830	NR	0.783	0.791	0.930	0.891	0.819	0.820	0.741	0.788
S1D3C7M20	PPC	Prenatal and Postpartum Care: Timeliness of Prenatal Care	0.774	0.805	0.779	0.864	0.811	NR	0.904	0.868	0.960	0.917	0.789	0.754	0.724	0.924
S1D3C8M23	CHL	Chlamydia Screening in Women	0.402	0.502	0.554	0.546	0.515	NR	0.503	0.450	0.646	0.641	0.643	0.532	0.651	0.583
S1D3C8M25	MSC	Medical Assistance With Smoking and Tobacco Use Cessation	0.483	0.539	NR	NR	NR	0.577	NR	NR	NR	0.384	NR	NR	NR	0.562
S1D3C9M47	IMA	Immunizations for Adolescents Combination 2	0.174	0.241	0.418	0.326	0.268	NR	0.378	0.197	0.586	0.393	0.328	0.426	0.529	0.314
S1D3C9M30	WCC	Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents	0.586	0.689	0.720	0.716	0.684	0.576	0.699	0.704	0.900	0.770	0.764	0.726	0.699	0.775
S1D3C9M31a	W30	Well-Child Visits in the First 30 Months of Life (First 15 Months)	0.661	0.732	0.500	0.602	0.750	NR	0.609	0.561	0.813	0.235	NR	0.600	NR	NR

- ❑ Red shaded cells indicate a measure score result below the Measurement Year (MY) 2018 25th percentile baseline.
- ❑ “NR” indicates this measure was not reportable to QRS for MY 2024 or the denominator did not meet the minimum threshold for reporting.
 - NR results are omitted from composite scoring results.
- ❑ Products with composite score results below the 25th percentile benchmark target may currently be operating within the removal timeline (appendix).

TRENDED MEASURES BELOW THE 25TH PERCENTILE

13 of 13 QHP issuer products remain in **good standing** based on composite performance

- ❑ There has been meaningful improvement from MY 2021 to MY 2024, although not across all issuer products.
- ❑ 8 QHP issuer products showed improvement, decreasing their total number of Clinical Quality measures below the 25th percentile.
- ❑ CCHP has been removed from the monitoring period, due to their increased performance scores in Year 2 of the monitoring period.
- ❑ Plan All-Cause Readmissions (PCR) measure has been removed from MY 2024 25/2/2 assessment scoring due to a substantial measure methodology adjustment.

QHP Issuer Products	MY 2021	MY 2022	MY 2023	MY 2024
Anthem Blue Cross EPO	8/20	8/20 =	5/16 ↓	3/14 ↓
Anthem Blue Cross HMO	4/18	5/19 ↑	5/15 =	3/13 ↓
Blue Shield California HMO	4/20	5/19 ↑	3/15 ↓	4/13 ↑
Blue Shield California PPO	4/19	3/19 ↓	4/16 ↑	1/13 ↓
Chinese Community Health Plan HMO	5/14	6/13 ↑	6/09 =	3/08 ↓
Health Net HMO	2/19	1/19 ↓	2/15 ↑	1/13 ↓
Health Net PPO	5/19	7/19 ↑	5/15 ↓	3/13 ↓
Kaiser Permanente HMO	0/18	0/18 =	0/15 =	0/13 =
L.A. Care HMO	3/20	3/20 =	2/16 ↓	2/14 =
Molina Healthcare HMO	10/19	10/18 =	7/15 ↓	1/12 ↓
Sharp Healthcare HMO	2/19	2/19 =	2/16 =	2/13 =
Valley Health Plan HMO	2/17	2/17 =	3/14 ↑	2/12 ↓
Western Health Advantage HMO	3/19	2/19 ↓	0/14 ↓	0/13 =

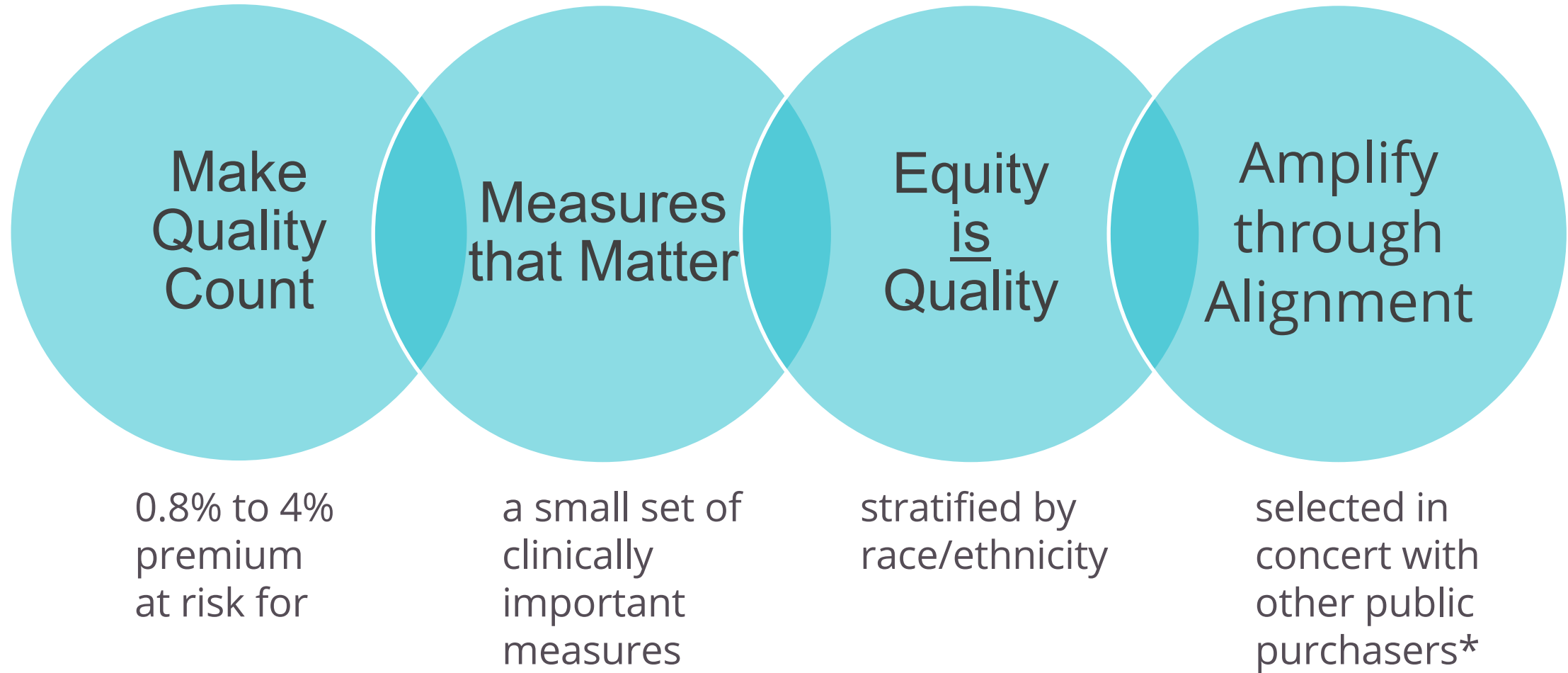
- ❑ Numerator represents the **total number of Clinical Quality Measures currently below the 25th percentile** for the QHP Issuer Product.
- ❑ Denominator represents the **total number of reportable scores** for the QHP issuer product.

QUALITY TRANSFORMATION INITIATIVE

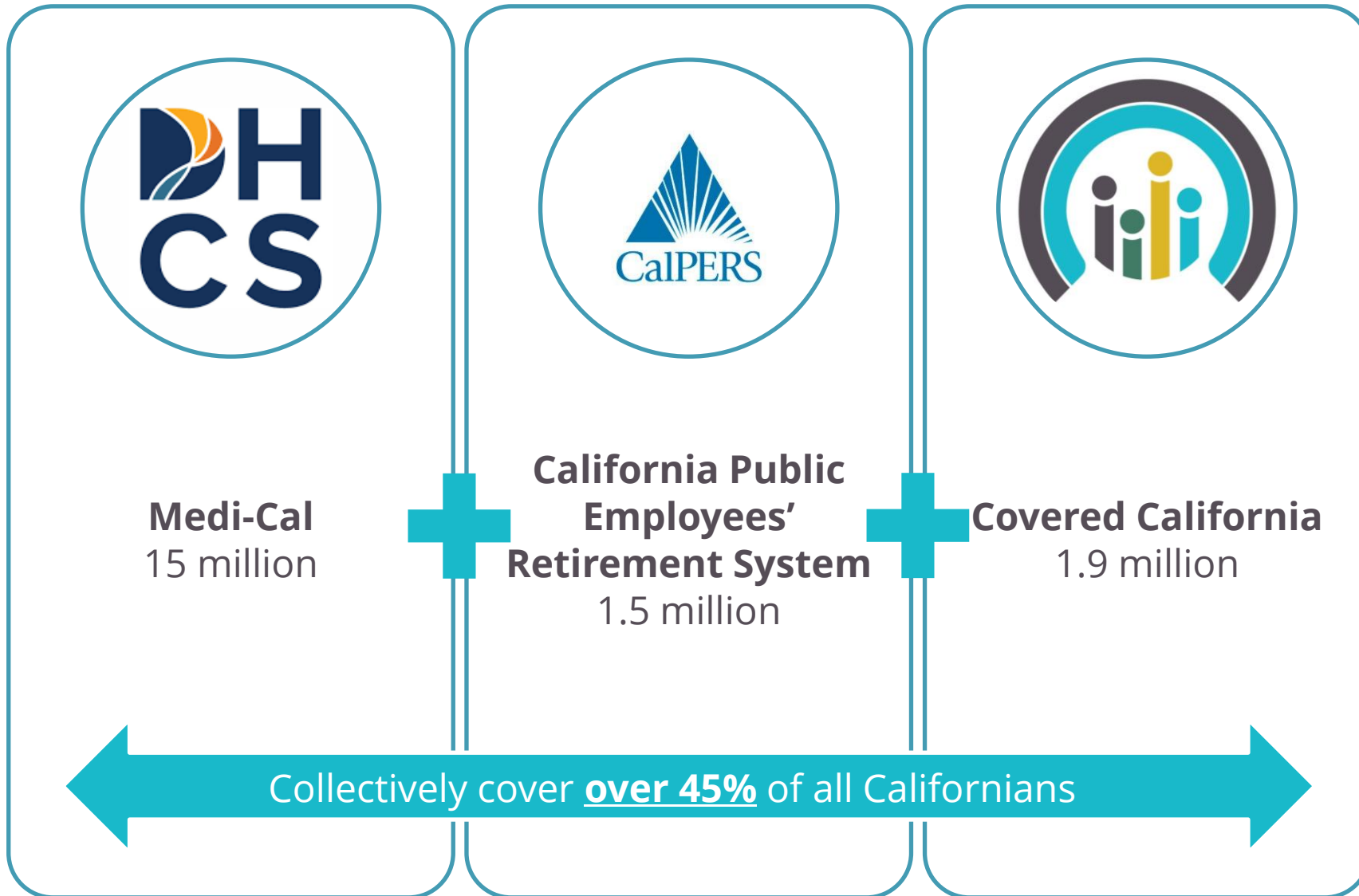
Measurement Year 2024 | Year 2 Results



QUALITY TRANSFORMATION INITIATIVE



AN ALIGNED STATE-WIDE APPROACH



EQUITY-CENTERED OUTCOMES MEASURES

Core Measures	Clinical Context
Blood Pressure	Key risk factor for cardiovascular disease (heart attacks and strokes) & the leading cause of death in the United States. BP control rates are ~10% lower for Asian, Black and Hispanic people than White counterparts. Black Americans have 4-5 times greater hypertension-related mortality than White counterparts
Diabetes (A1c control)	~50% Californians have prediabetes or diabetes, which is a leading cause of blindness and amputation and key risk factor for cardiovascular disease. It is 2x more prevalent among Black, AI/AN, and Hispanic people than Whites. Diabetes death was 3x higher among Black and NH/PI than White counterparts
Colorectal Cancer Screening	Cancer is the second leading cause of death after heart disease, and colorectal cancer is the second leading cause of cancer death after lung cancer. Black Americans are 20% more likely to get colorectal cancer and 40% more likely to die from it than others. Screening reduces the risk of developing and dying from CRC cancer by 60-70%
Childhood Immunizations	Childhood immunizations prevent 10.5m diseases annually. Black, Hispanic, AI/AN children have lower vaccine coverage than White children. For every \$1 spent on immunizations, there is as much as \$29 in savings

YEAR 2 (MY2024) QTI OVERVIEW

Contract Period:

- ❑ 2023-2025 Covered California QHP IND Issuer Contract

Measures Assessed:

- ❑ Controlling High Blood Pressure (CBP)
- ❑ Glycemic Status Assessment for Patients with Diabetes (GSD) Glycemic Status <8.0%
- ❑ Colorectal Cancer Screening (COL)
- ❑ Childhood Immunization Status (Combo 10)

Issuers Assessed:

- ❑ 13 issuer products from 10 issuers

Percent Premium at Risk:

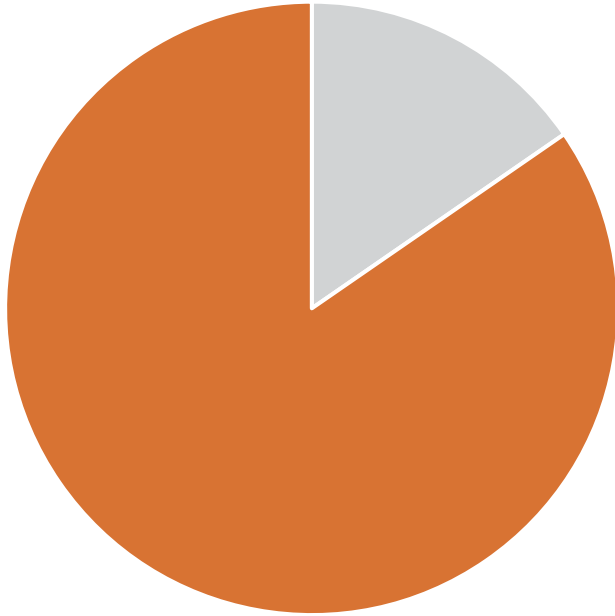
- ❑ 1.8% of total Gross Premium per product per measure

QHP Issuers Participating in QTI

PY2023	PY2024	PY2025	PY2026
Anthem	Anthem	Aetna	Anthem
Blue Shield	Blue Shield	Anthem	Blue Shield
CCHP	CCHP	Blue Shield	CCHP
Health Net	Health Net	CCHP	Health Net
Kaiser	Kaiser	Health Net	IEHP
LA Care	LA Care	Kaiser	Kaiser
Molina	Molina	LA Care	LA Care
Sharp	Sharp	Molina	Molina
VHP	VHP	Sharp	Sharp
WHA	WHA	VHP	VHP
		WHA	WHA

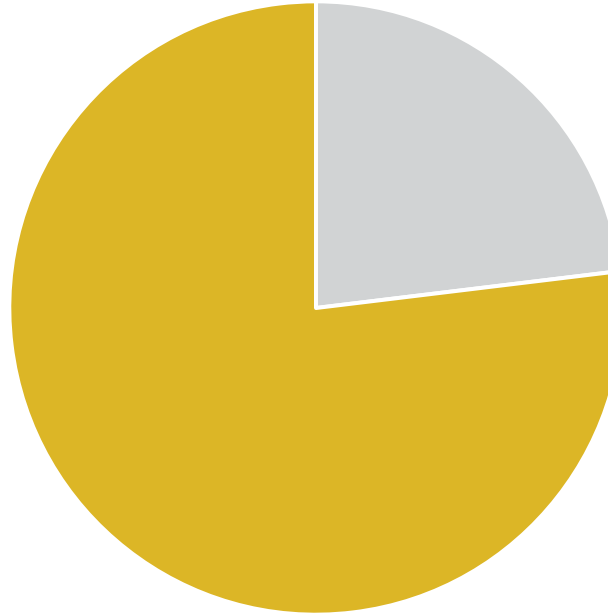
CHRONIC DISEASE CONTROL AND CANCER SCREENING RATES CONTINUE TO IMPROVE IN YEAR 2

CBP



11 of 13 Issuer products had an **increase** in score for **controlling blood pressure**

HbA1c <8%



10 of 13 Issuer products had an **increase** in score for **diabetes management**

COL



9 of 13 Issuer products had an **increase** in score for **colorectal cancer screening**

YEAR 2: COVERED CALIFORNIA-WIDE IMPACT OF QTI

Diabetes Control (A1c <8)

13/13 Issuer Products performed at or above the MY2021 66th percentile, accounting for **100% of members** in the measured population

Colorectal Cancer Screening (COL)

6/13 Issuer Products performed at or above the MY2021 66th percentile, accounting for **71% of members** in the measured population

Controlling Blood Pressure (CBP)

8/13 Issuer Products performed at or above the MY2021 66th percentile, accounting for **83% of members** in the measured population

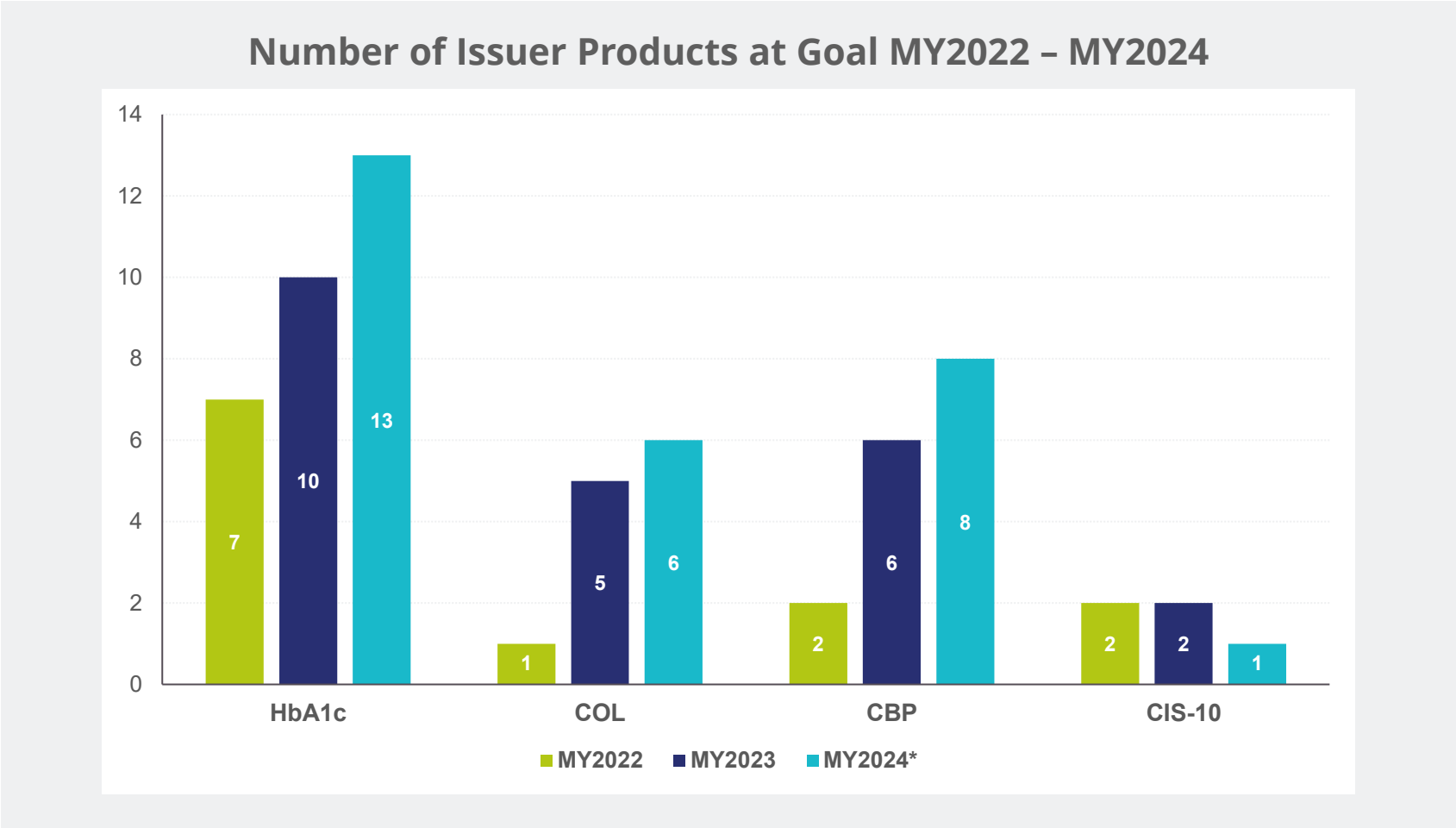
ALL PLANS ACHIEVED GOAL FOR DIABETES CONTROL

	HbA1c Control MY2023	HbA1c Control MY2024	HbA1c Delta	COL MY2023	COL MY2024	COL Delta	CBP MY2023	CBP MY2024	CBP Delta
Number of issuer products at goal*	10/13	13/13	+3	5/13	6/13	+1	6/13	8/13	+2
Percentage of members in the measured population at goal	86%	100%	+14%	51%	71%	+20%	63%	89%	+26%

*QTI uses MY2021 national exchange 66th percentile as goal for these 3 measures

FORWARD PROGRESS ON ALL, EXCEPT FOR CIS-10

There has been a year-over-year increase in the number of products reaching the QTI goal of the 66th Percentile for HbA1c, COL, and CBP



For MY2023 and 2024 13 issuer products were eligible for all QTI measures except CIS-10 where only 10 products were eligible

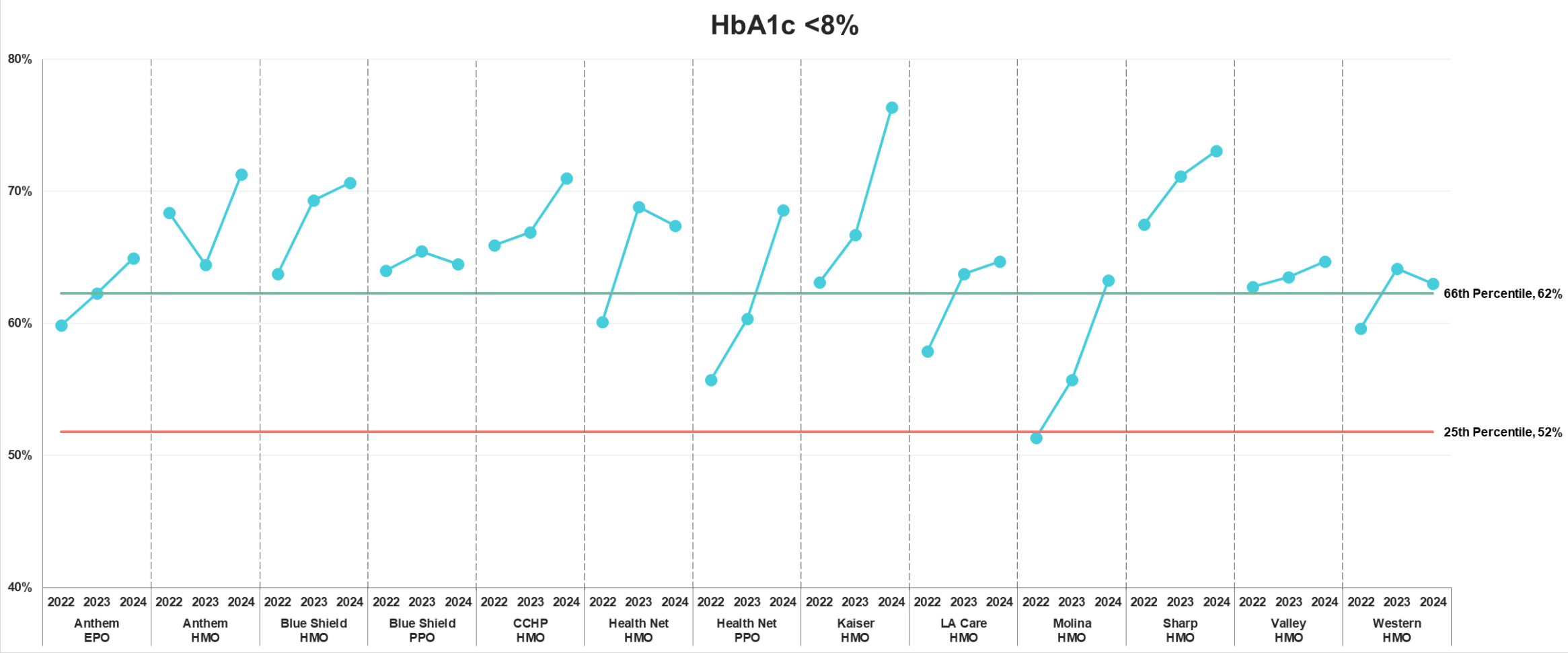
YEAR TWO REAFFIRMS SUCCESS OF QTI, WITH CONTINUED HEADWINDS ON VACCINE UPTAKE

	Overall Population % Improvement (MY23 to MY24)
Diabetes Control: A1c <8%	+6.35%
Colorectal Cancer Screening	+6.23%
Blood Pressure Control	+2.73%
Childhood Immunization: CIS-10*	-42.61%

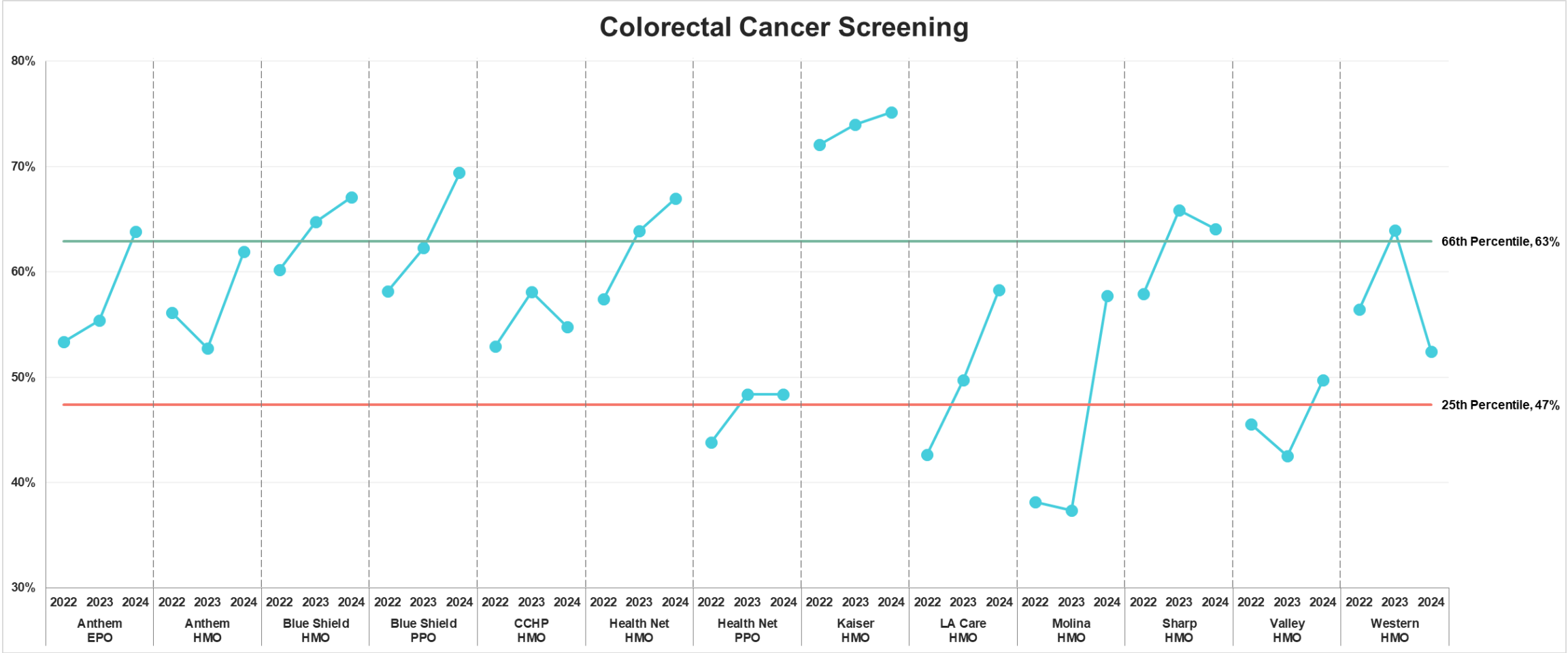
PLAN REPORTED ACTIVITIES FOR QTI

Category	Example Activities Deployed by QHPs	# of QHPs
Internal Organizational Changes	❑ Restructured population health equity and quality teams ❑ Created internal equity workgroups and leadership training ❑ Formed formal health equity committees	4
Direct-to-Member Programs & Incentives	❑ Text messaging and mailer campaigns ❑ New wellness incentives and rewards programs	5
Provider Network & Contract Enhancements	❑ Added equity clauses and QTI metrics in contracts ❑ Incorporated equity measures in VBP models ❑ Deployed provider education sessions	6
Technology & Data Exchange Innovations	❑ Launched equity dashboards with stratified data ❑ Improved member matching via CAIR unique ID ❑ Enhanced EHR alerts and real-time gap reporting ❑ Modernized data systems for equity analytics	7
Performance Monitoring & Accountability	❑ HEDIS dashboards tracking equity metrics ❑ Regular disparity reviews (e.g., maternal health) ❑ Equity goals tied to performance reviews	7
Health Disparities & Equity-Focused Efforts	❑ Partnered with BIPOC-led organizations and universities ❑ Expanded doula and cultural outreach services ❑ Introduced equity-focused provider scorecards	8
Other	❑ Youth outreach and school partnerships ❑ Innovation pilots and internal sprints ❑ Collaborations with CBOs and local health departments	5

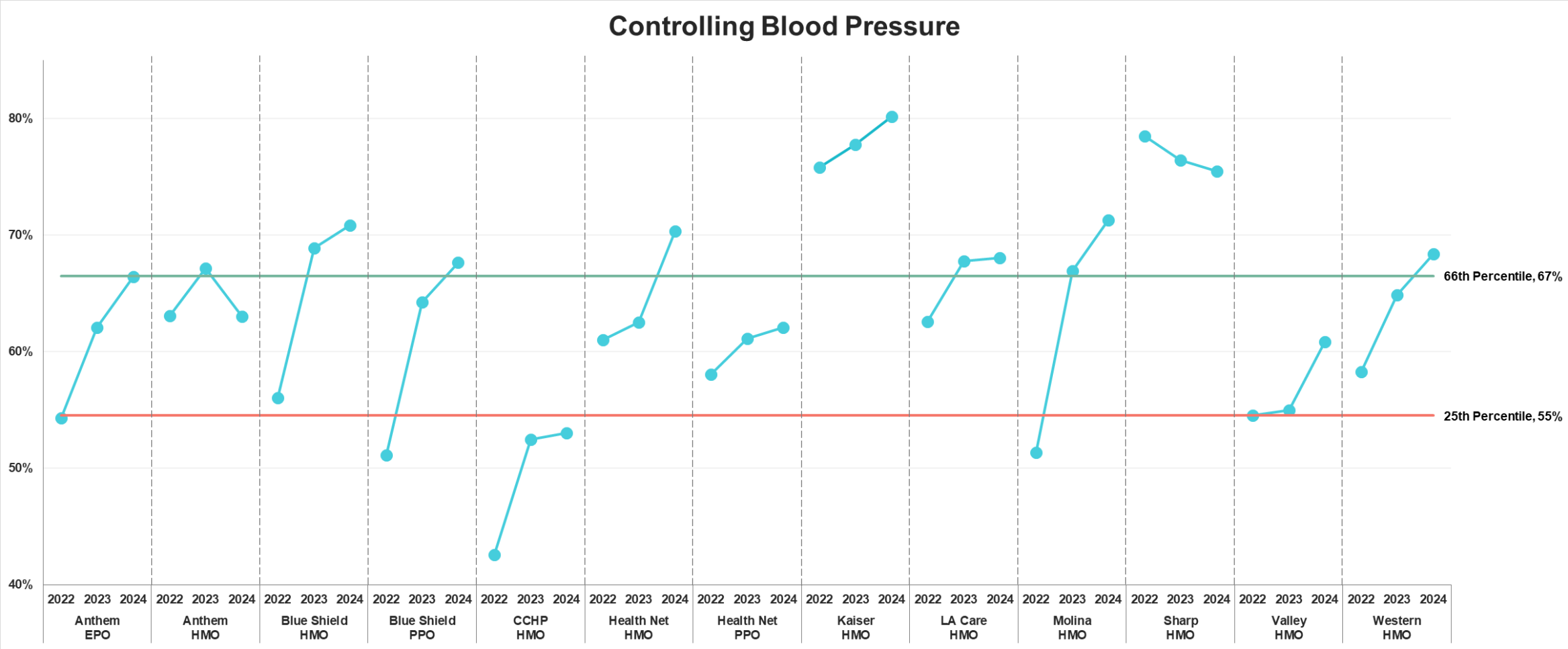
MY2024: DIABETES CONTROL ABOVE 66TH PERCENTILE FOR ALL 13 ISSUER PRODUCTS



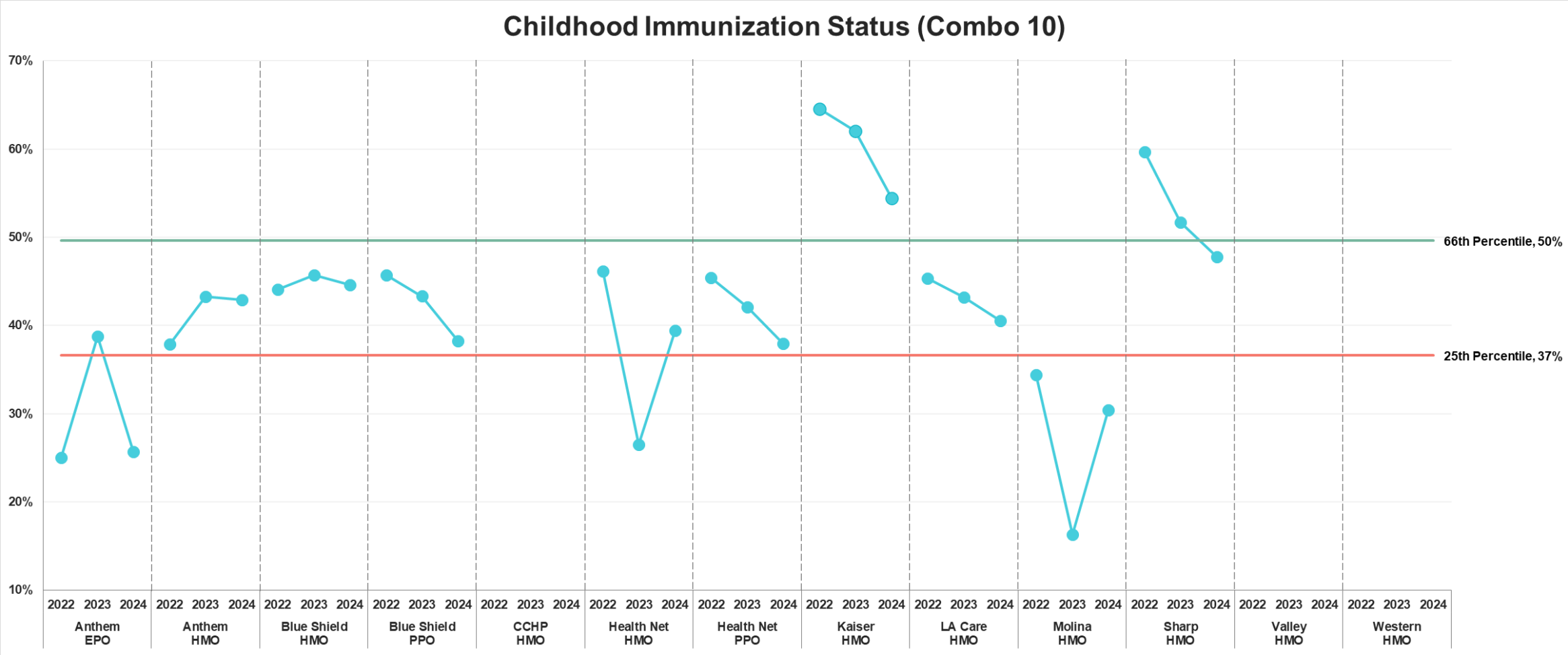
MY2024: COLON CANCER SCREENING CONTINUES TO IMPROVE, NO ISSUER BELOW 25TH PERCENTILE



MY2024: BLOOD PRESSURE CONTROL CONTINUES TO IMPROVE ACROSS 11 ISSUER PRODUCTS

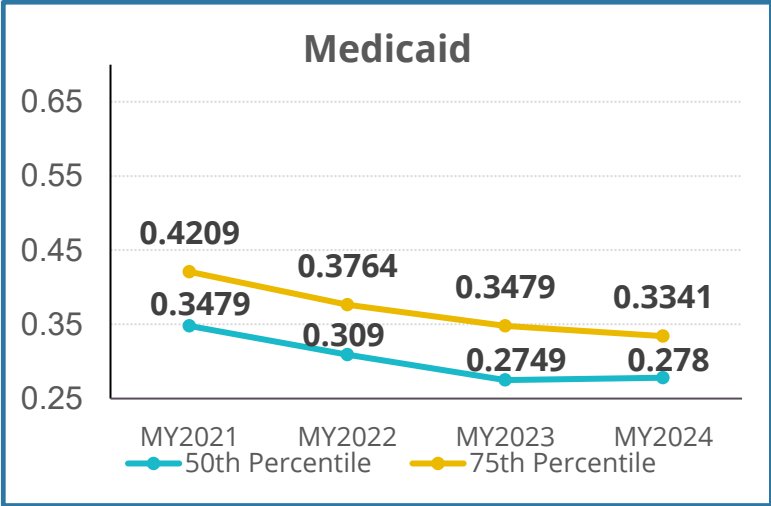
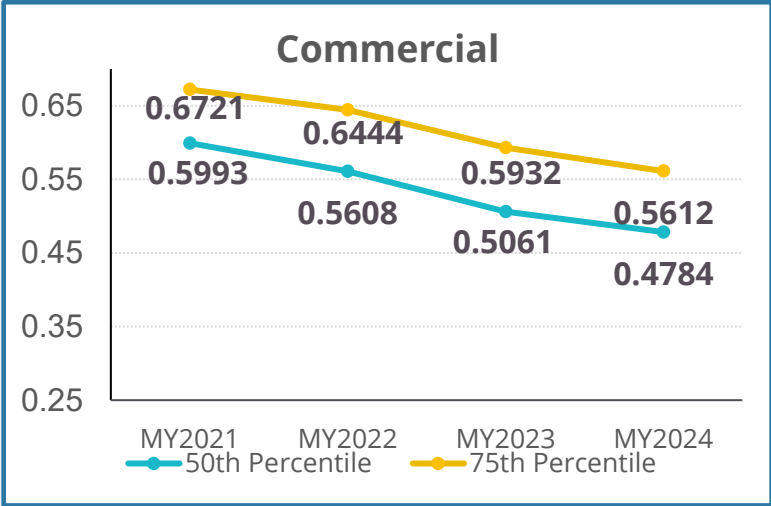
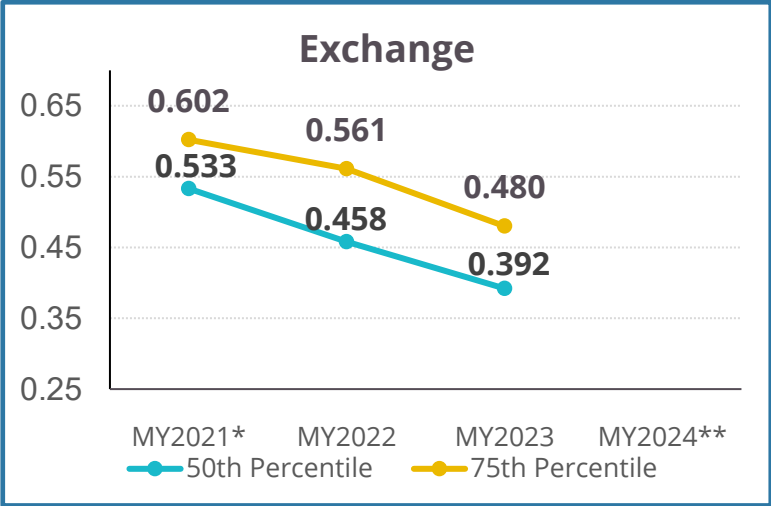


MY2024: FOR CHILDHOOD IMMUNIZATION, ONLY ONE ISSUER ABOVE 66TH PERCENTILE



NATIONAL DECLINES ON CHILDHOOD IMMUNIZATION

National CIS-10 Trends



Factors that contribute to low performance on CIS-10 measure:

- Caregiver vaccine fatigue after COVID-19
- Healthcare systems are struggling with access in primary care and declines in usual source of care persist
- Declining vaccine confidence
- Variation in immunization guidance (federal vs state)
- CDC allowable catch-up schedule is not fully captured in CIS-10 measure specifications

*MY2021 Only reported, not scored.
**MY2024 Exchange percentiles not currently available as of 10/13/2025.

QTI ADJUSTMENTS BASED ON ISSUER FEEDBACK

CIS10 Allowance Program

- MY2023 Launch: Allowed issuers to submit supplemental data for children completing the full vaccine series, even if the 2nd flu shot was given after the 2nd birthday (90 days).
- MY2024 Expansion: Now includes all CIS10 vaccines. Vaccinations accepted up to 180 days post-2nd birthday. Designed in response to issuer request and to maintain clinical appropriateness.

CIS10 Payment Adjustment

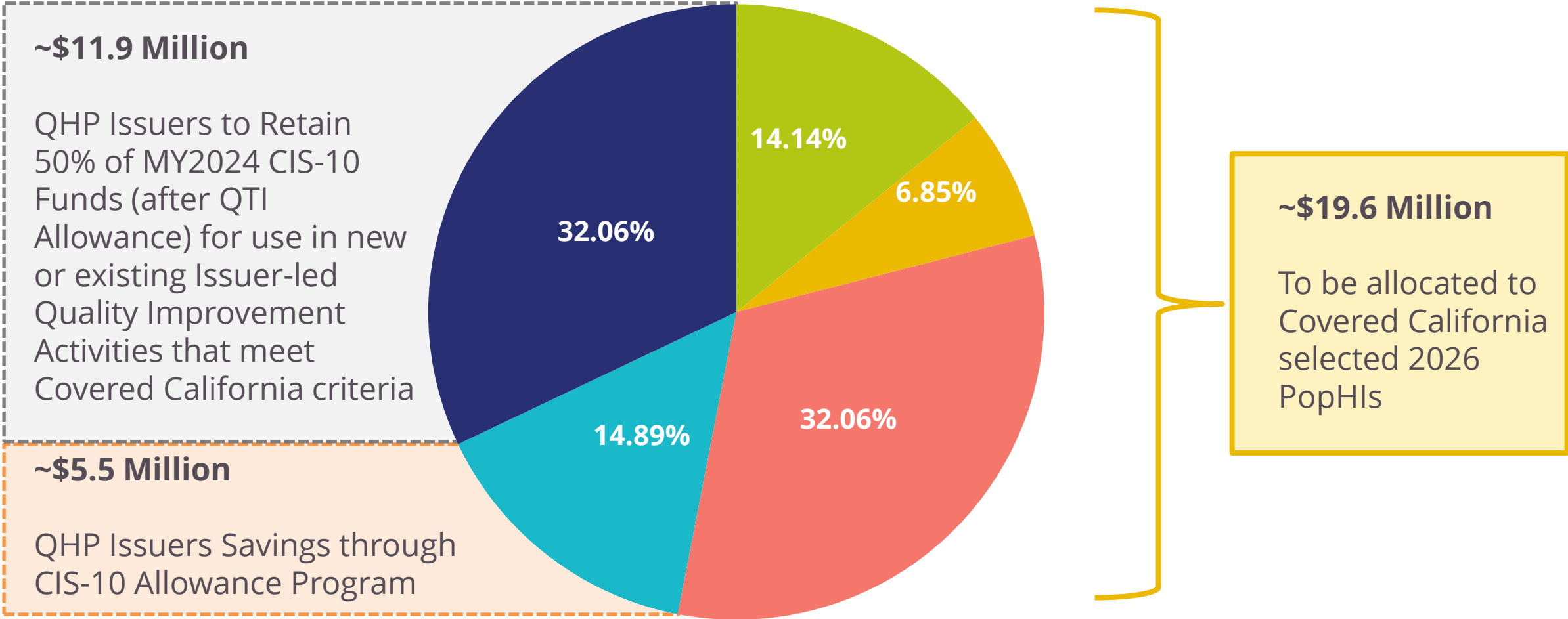
- For MY2024, Issuers may choose to retain 50% of each product's CIS10 QTI payment. Funds can support issuer-led quality improvement activities. The 50% reduction is applied after CIS10 Allowance Program assessed.
- Issuers must discuss plans with Covered California before committing funds to ensure alignment with program criteria and goals. Issuers must submit 2026 mid-year and end-of year reports outlining quantitative accounting of funds spent and a signed attestation of accuracy by QHP issuer leadership.
- Covered California may continue program in MY2025 depending on issuer adherence to guidelines and impact of funds.

QHP PERMISSIBLE USES OF RETAINED FUNDS

- ✓ Boosting childhood immunization rates and well-child visits
- ✓ Expanding pediatric and adult preventive care access
- ✓ Reducing health disparities among children and vulnerable groups
- ✓ Supporting vaccine outreach and education
- ✓ Strengthening immunization data systems
- ✓ Investing in primary care workforce

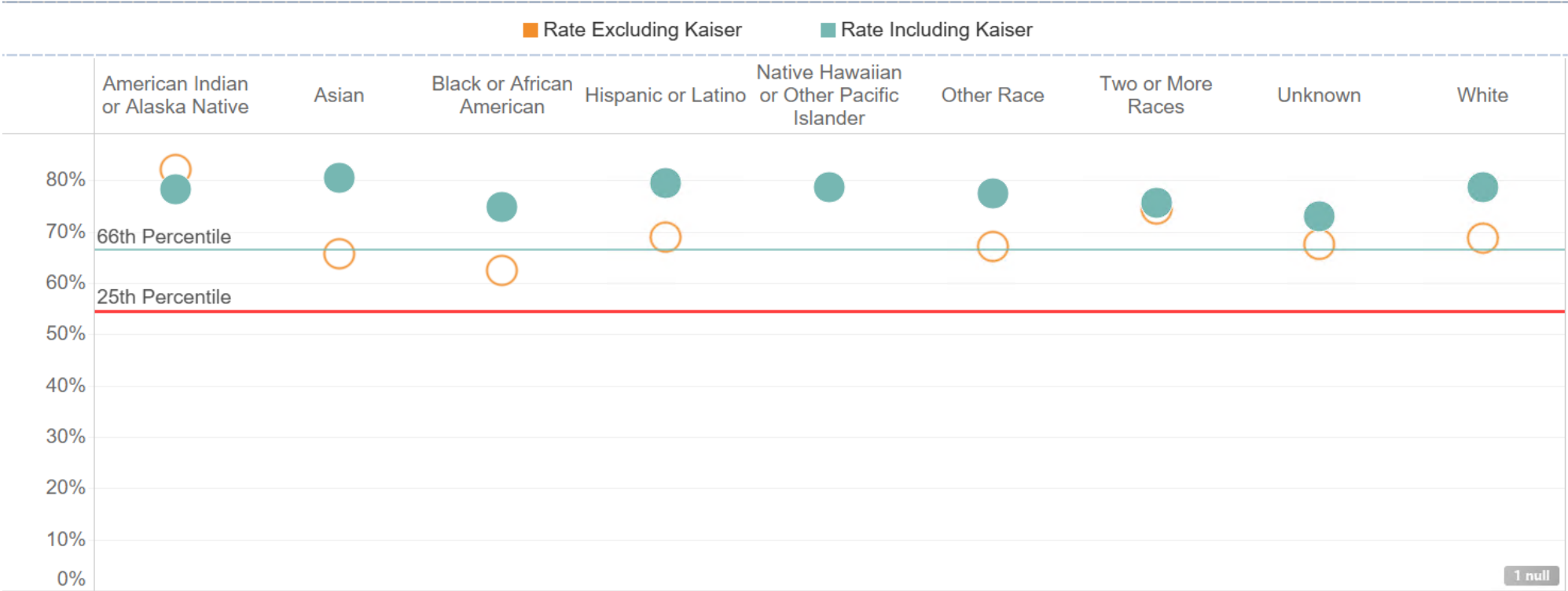
ESTIMATED 2026 QTI PAYMENT

MY2024 QTI Funds by Measure



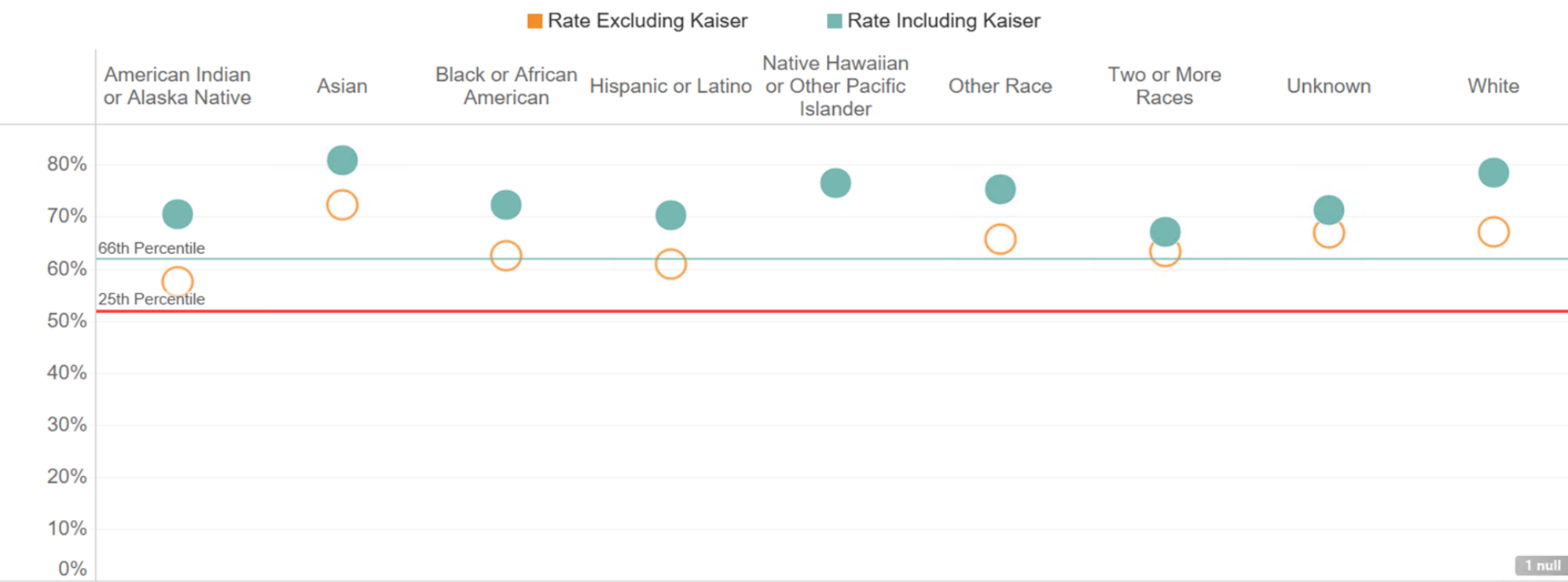
WHILE STRONG OVERALL PERFORMANCE, BLOOD PRESSURE CONTROL VARIES ACROSS SUBPOPULATIONS

Controlling Blood Pressure (CBP) Performance by Race/Ethnicity
Measurement Year 2024



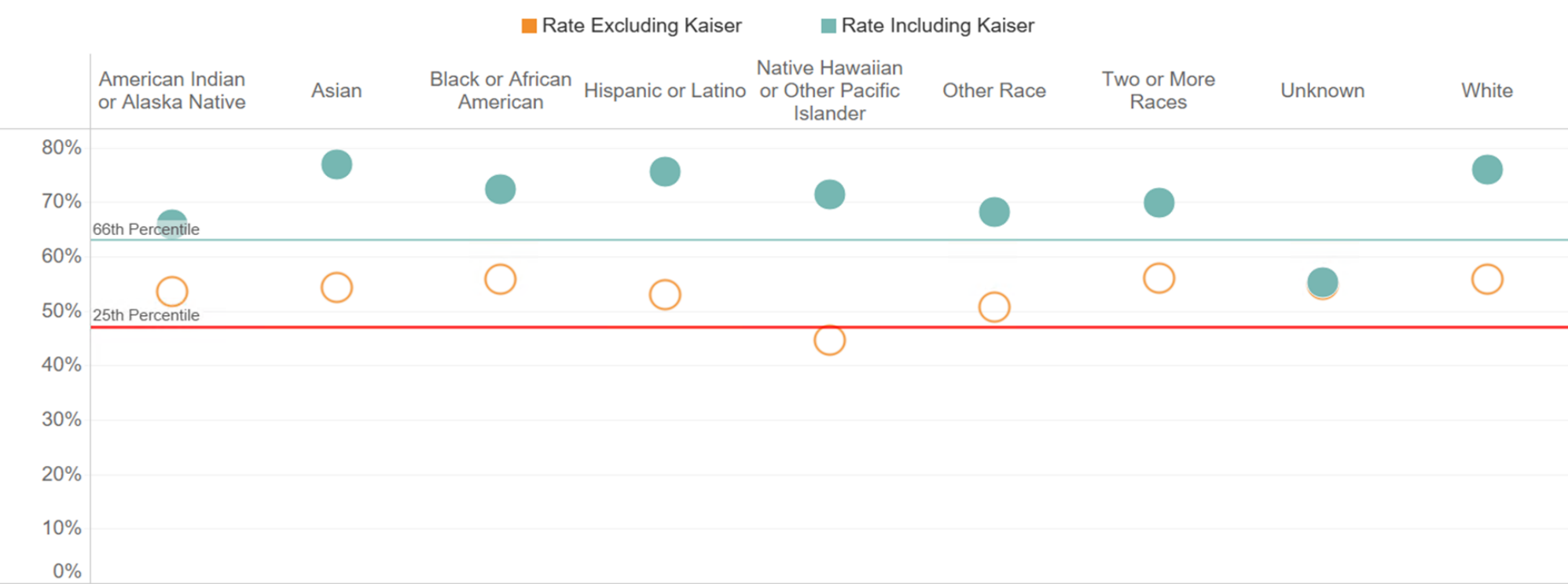
NO SUBPOPULATION BELOW 25TH PERCENTILE FOR DIABETES CONTROL

HbA1C < 8% Performance by Race/Ethnicity
Measurement Year 2024

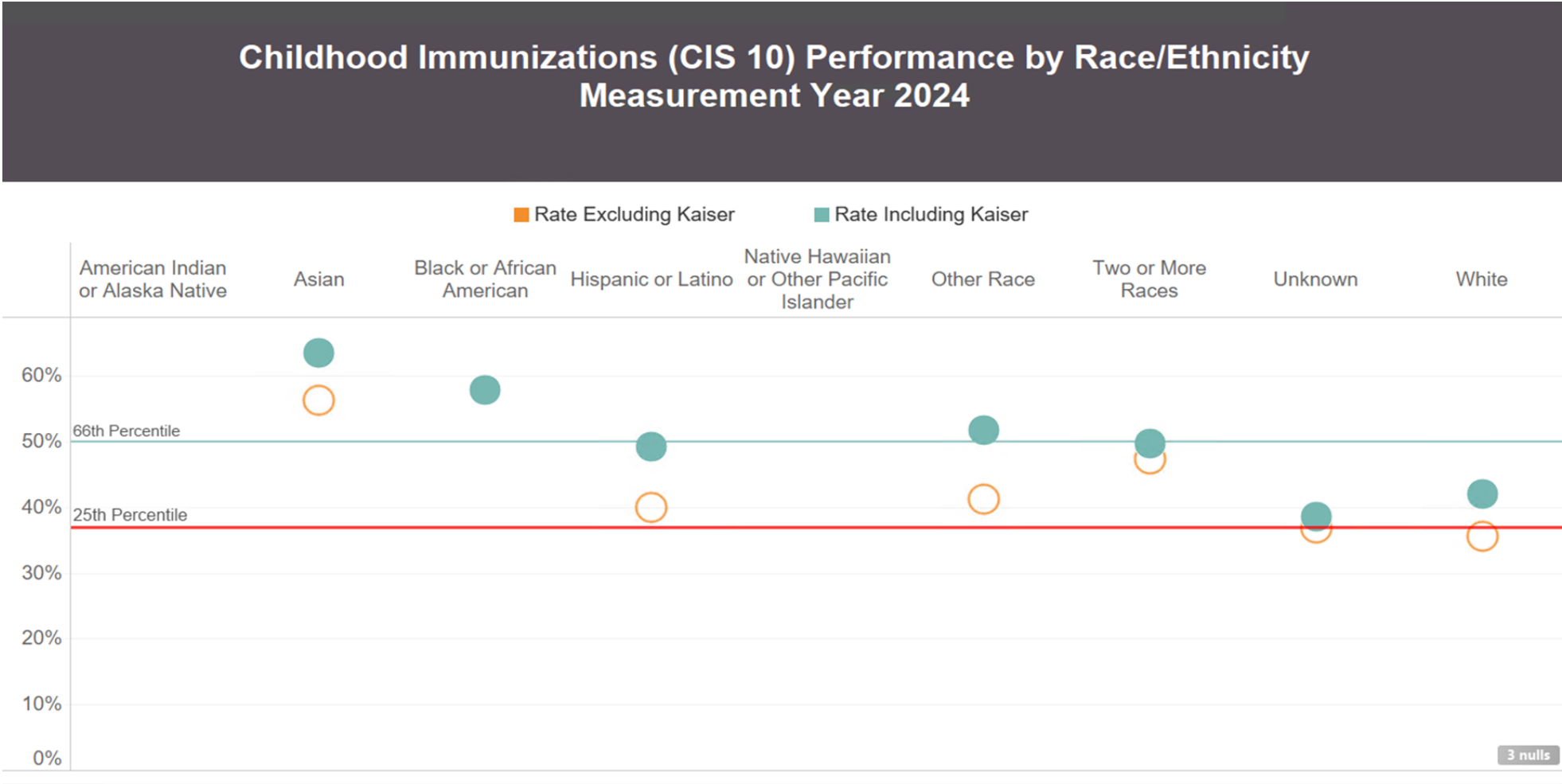


CONTINUED EFFORT NEEDED TO IMPROVE COLON CANCER SCREENING RATES ACROSS ALL SUBPOPULATIONS

Colorectal Cancer Screening (COL) Performance by Race/Ethnicity
Measurement Year 2024



PRONOUNCED DIFFERENCES IN CHILD IMMUNIZATION RATES BY SUBPOPULATION



PUBLIC COMMENT

CALL: (877) 336-4440

PARTICIPANT CODE: 6981308

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EACH CALLER WILL BE LIMITED TO TWO MINUTES PER AGENDA ITEM

Written comments may be submitted to BoardComments@covered.ca.gov.



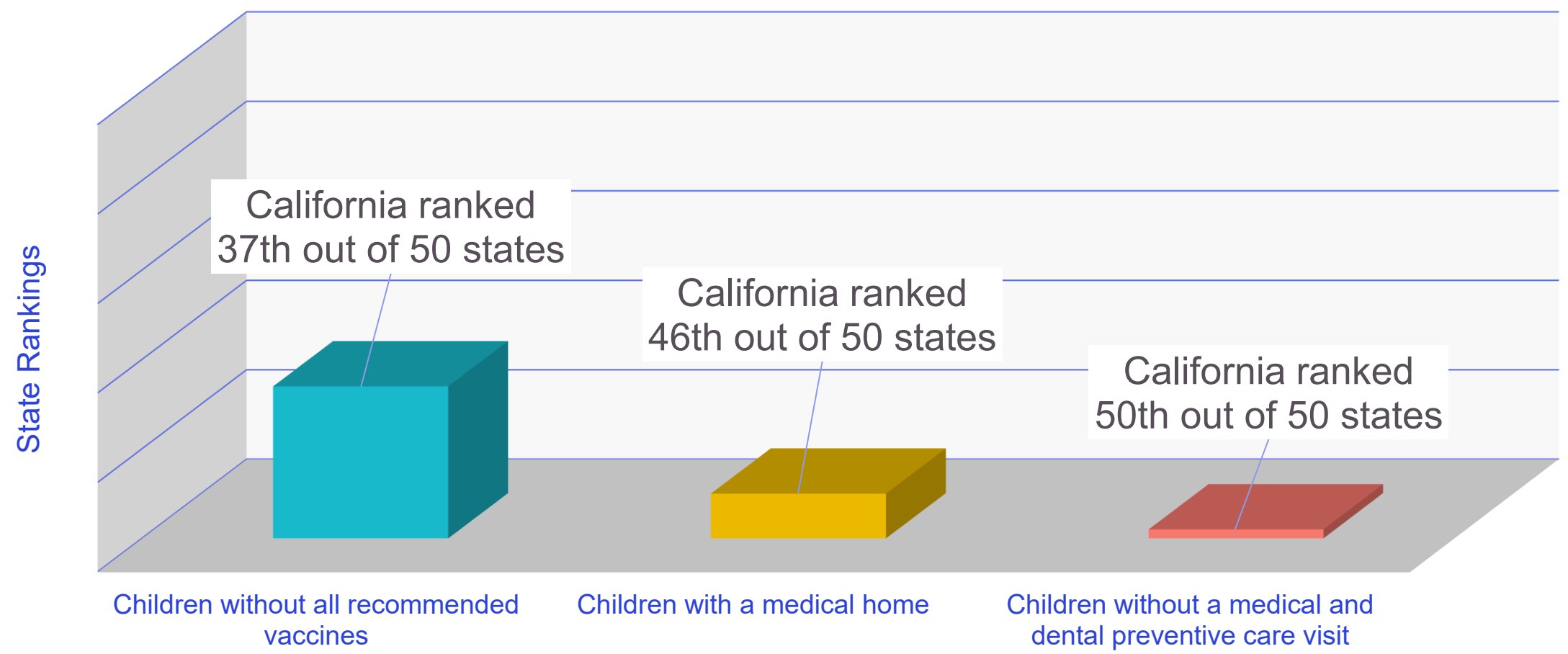
Public Health for All Californians Together (PHACT) Coalition

S. Monica Soni, MD
Chief Medical Officer
Chief Deputy Executive Director
Health Equity and Quality Transformation (EQT)



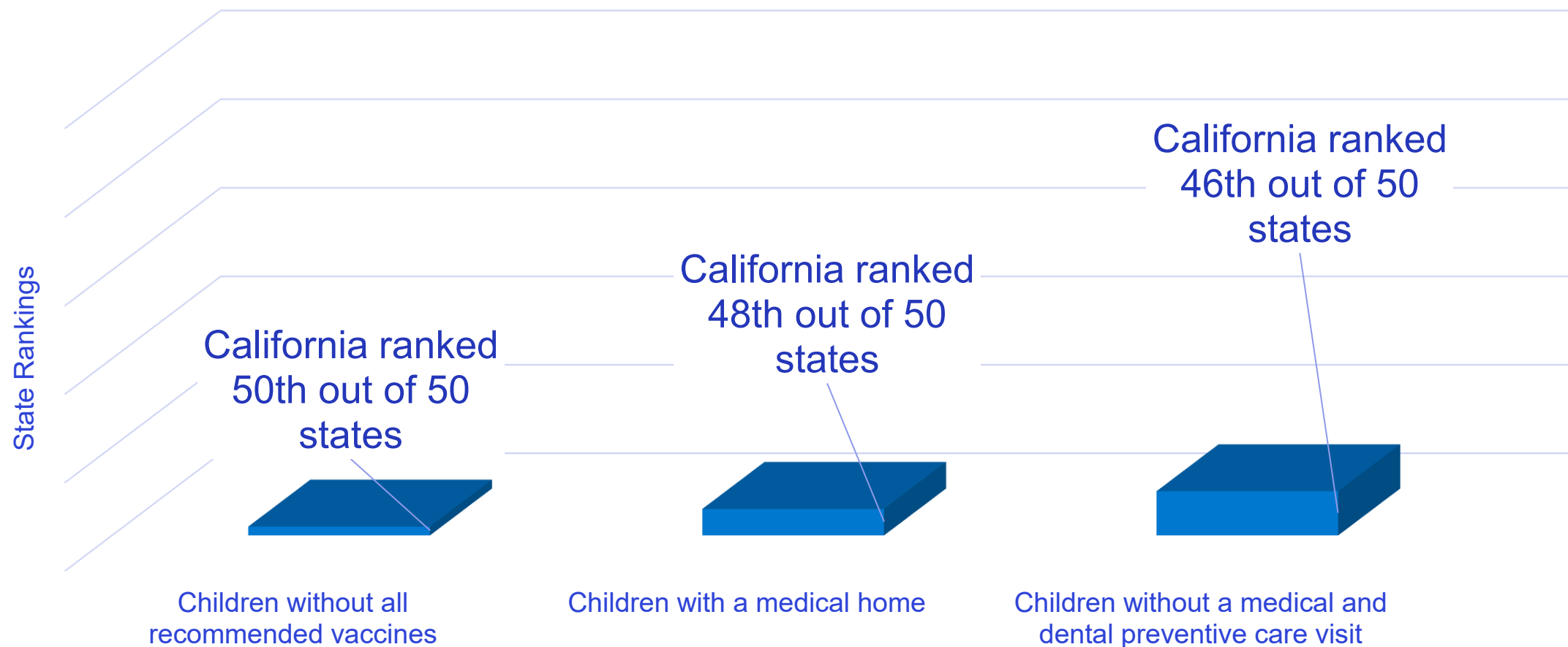
FOR KIDS: A FAILING GRADE IN CALIFORNIA

2023 Commonwealth Fund Scorecard on Children's Health



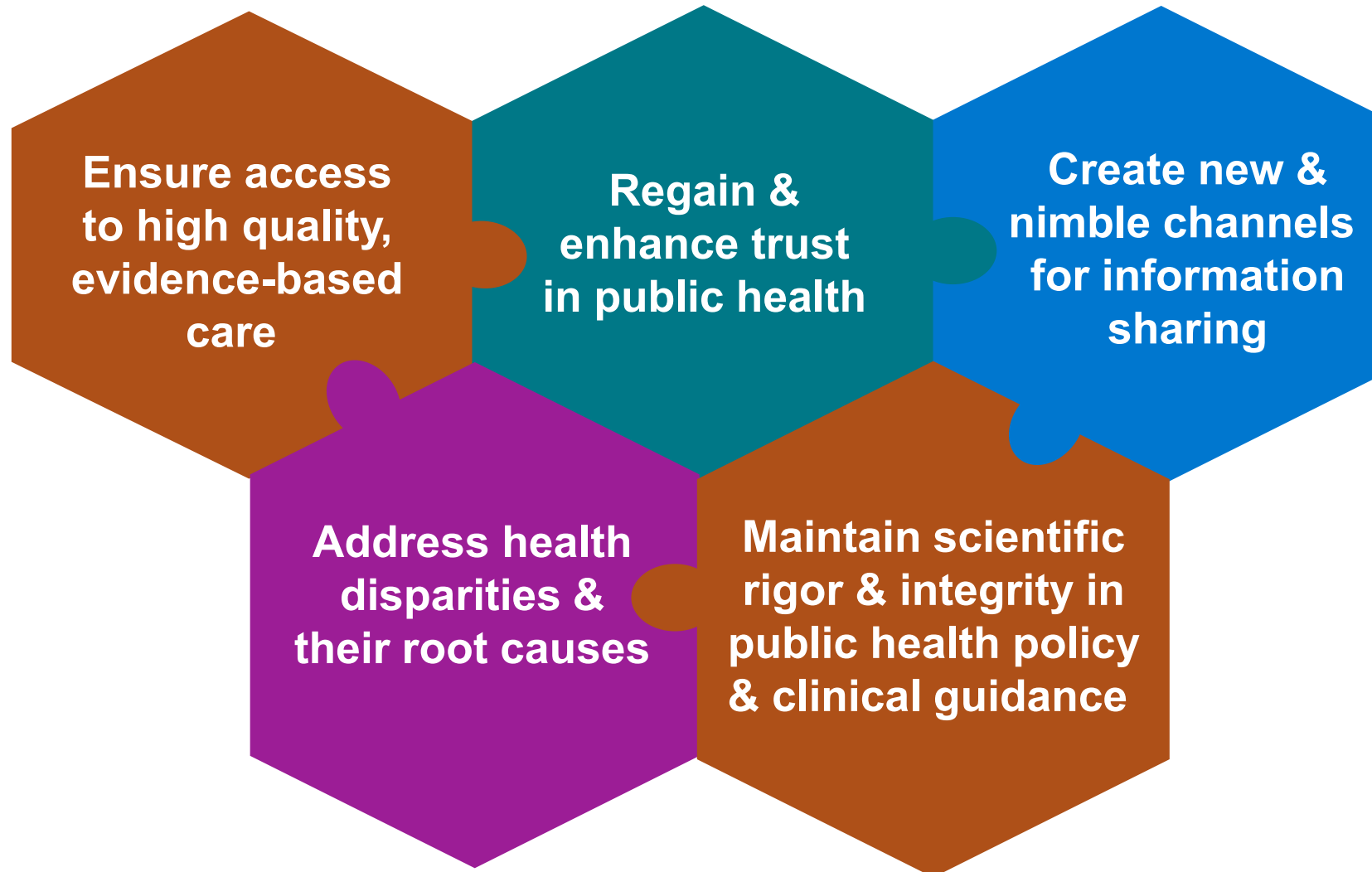
AND WORSENING...

2025 Commonwealth Fund Scorecard on Children's Health



**California stands together with
our public health and medical
professional colleagues to
uphold integrity and protect the
health of our communities.**

New Tools Needed for New Times



PHACT Coalition: Vision and Purpose

Our vision: To build trust and strengthen community well-being by improving health outcomes through transparent, evidence-informed services and care for all Californians.

Our common purpose: To bring together a network of multi-sectoral partners across the state of California to provide timely, evidence-based guidelines and culturally appropriate health messaging to protect the health and advance the well-being of all Californians.

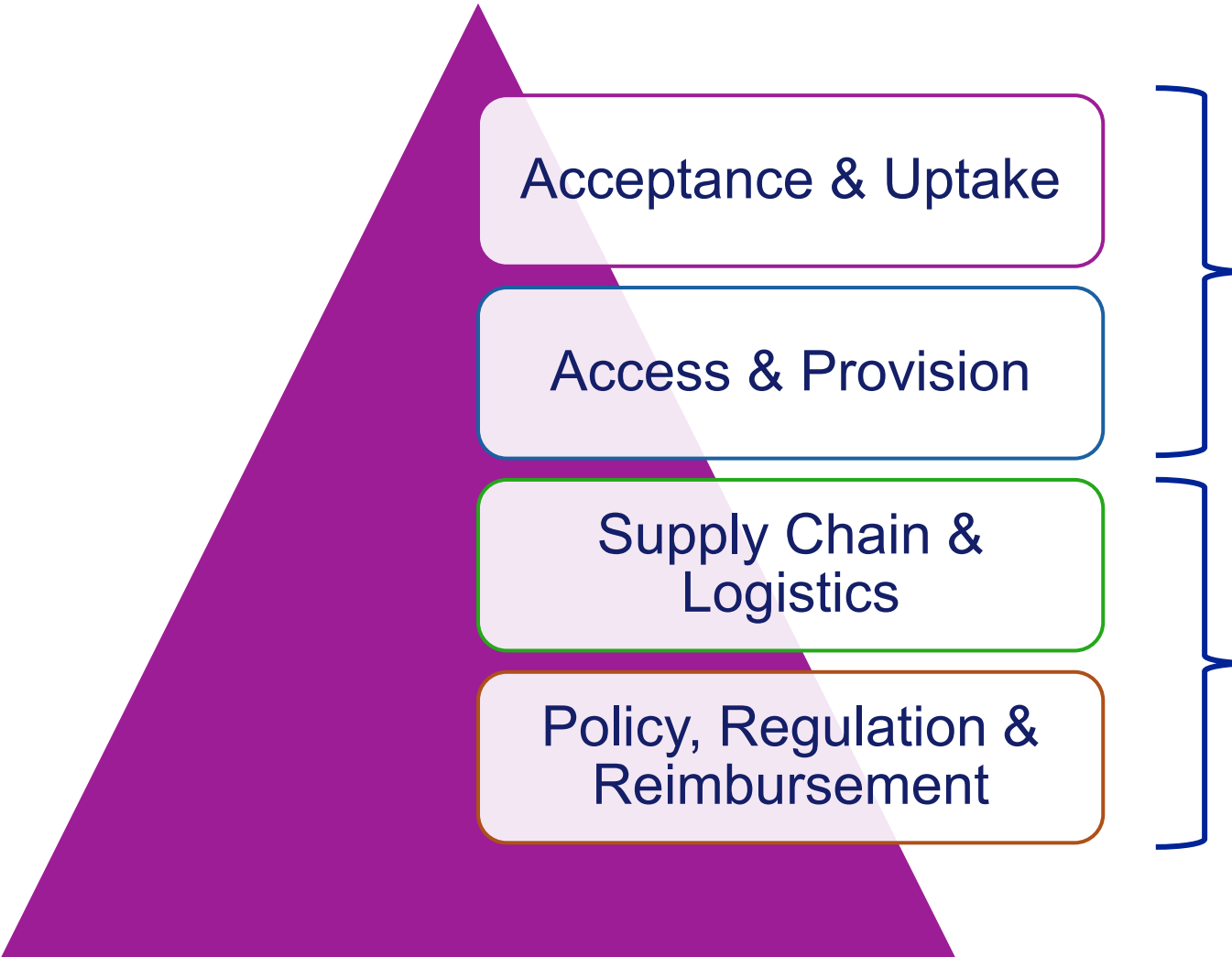
PHACT Coalition: Objectives

- Strengthen and organize formal mechanisms for strategic collaboration across multiple sectors
- Align communication and dissemination strategies leveraging each partner's communication channels to maximize reach across California
- Identify gaps, challenges and opportunities for innovative solutions to promote health across California
- Identify critical assets and share resources (funding, expertise) where capacity exists
- Share challenges, learn together, pilot test innovative solutions, and scale and disseminate effective, evidence-based strategies

PHACT Coalition Structure



First Area of Focus: Vaccines



Acceptance & Uptake

Access & Provision

Supply Chain & Logistics

Policy, Regulation & Reimbursement

Interventions, messaging and best practices to support patients, communities, care teams in accessing and receiving evidence based, high quality preventive care

Policy decisions, guidelines, legislation, and payment concerns can be raised and funneled to existing responsible parties via the coalition; information from responsible parties will be shared via the coalition

The Future We Want



Meet the Times

We will be nimble and prepared to meet the times whether federal changes, funding changes, or other unanticipated changes come our way in California.



Protect Progress

We will have prevented erosion of the health and wellbeing that Californians have now while aspiring to do more.



Scaled Approach

We will identify reproducible California-wide approaches to effectively address challenges public health and preventive care in a coordinated way across health sectors.

Coming Together



Establish and support the sharing of science and evidence with transparency and integrity



Leverage each others' assets, share resources, reduce duplicative work, and embolden creativity



In a time of information overload, learn from trusted experts outside of any one organization



Build networks and partnerships to solve public health challenges in our communities

Strong showing of interest & collaborators identified after Kickoff

We asked for interest & input

Complete the survey – tell us about:

- Your interest in the coalition
- What focus areas interest you
- What you can contribute
- What concerns you may have



We received 141 responses

Respondents include:

- Health systems
- Health plans
- Community based organizations
- Academic partners
- Consumer advocate organizations
- Provider professional societies
- Communications & marketing experts

Early deliverables underway:

- Primer for clinicians and pharmacists on AB 144, including FAQs for different populations served
- Implementation support for young children (age 3 and under) with Commercial health insurance accessing COVID-19 vaccine
- Amplifying existing messaging from CDPH's respiratory virus season toolkit & the United States Vaccine Resource Hub, like this [video](#)
- Training on evidence-based, next-gen of health and science communications
- Building our internal structure & identifying partners and co-leads for each of the working groups

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